

270 Washington Street, Suite 2-129, Atlanta, GA 30334 (404) 656-2355 Please submit form to: Transaction Management

The following inspection report should be completed quarterly, for evaluation of each property occupied by a state agency, to properly document any needed repairs or deficiencies, and will serve to notify SPC of such deficiencies. Please fill out this form in its entirety; please do not leave any spaces blank. Insert N/A if the line item is not applicable. If additional room is needed to comment, please attach additional sheets to this report. We encourage the inclusion of clearly labeled photographs to document any deficiencies or necessary repairs.

Facility Inspection Checklist

	General Information	
1	Lease #	
2	Location Address	
3	Occupying Agency	
4	Representative Conducting Review-contact info	
5	Local Representative assisting with review-contact info	
6	Date of Current Review	
7	Date of Last Review	
8	Review conducted by observation or interview?	

Previous Repair History						
Please list all repairs that HAVE been completed during the last lease term						
Please list any repairs that have been requested but NOT completed. Add date that Landlord was notified in writing of the needed repairs.						

Please add additional pages as necessary to include detailed comments regarding the condition of the property, add photographs as visual documentation of any issues.

	Mechanical Systems		Yes	No	N/A	Comments
9	HVAC	Is HVAC working properly?				
10	Plumbing	Everything working properly and free of leaks?				
11	Electrical	Lighting & receptacles working?				

	Building Interior		Yes	No	N/A	Comments/Location
13	Floors	Floor cleaned & maintained?				
14		Is the carpet/tile cleaned?				
15	Doors	Are the doors operational?				
16		Are the lock mechanisms working?				
17	Windows	Windows operating as designed and free of leaks?				
18	Walls	Paint or drywall in good condition?				
19	Ceiling	Are the ceiling tiles in good condition?				
20		Any visible leaks or stains?				
21	Breakroom	Breakroom and fixtures clean and working properly?				
22	Stairwells (if applicable)	Well maintained?				
23	Elevators (if applicable)	Are they operational?				
24	Miscellaneous	Do any tripping hazards exist?				
25	Restrooms	Are they operational and free of leaks?				

	Building Exterior		Yes	No	N/A	Comments
26	Roof	Free of leaks?				
27	Building/General Condition	Is the exterior of the building clean and well maintained?				
28		Exterior paint in good condition?				
29		Is Handicap Access available?				
30		Is the Façade signage in good shape and visible?				

31		Are the building numbers posted and accurate?		
32		Is the exterior lighting adequate?		
33	Parking Lot/Grounds	Is the Asphalt striping in good condition?		
34		Are the sidewalks & curbs in good condition?		
35		Is the Monument Signage in good condition and visible?		
36		Is the parking lot free of flooding issues?		
37	Landscaping	Is the overall appearance good?		

	Environmental	Yes	No	N/A	Comments
38	Is the air quality good?				
39	Free of any unusual odor?				

Se	curity Access	Yes	No	N/A	Comments
40	Security system/cameras operational?				
41	Outside doors lock mechanisms operational?				
42	Key card access operational?				
43	Panic buttons operational?				

Lif	e Safety	Yes	No	N/A	Comments
44	Number of exits				
45	Fire extinguishers in place & annually inspected?				
46	Are exit doors unlocked during business hours?				
47	Evacuation route posted?				
48	Are exit passageways (corridors) unobstructed?				
49	Smoke and carbon monoxide detectors inspected?				